



COUNTY OF LOS ANGELES TREASURER AND TAX COLLECTOR

KENNETH HAHN HALL OF ADMINISTRATION
500 WEST TEMPLE STREET, ROOM 437
LOS ANGELES, CALIFORNIA 90012



MARK J. SALADINO
TREASURER AND TAX COLLECTOR

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September 29, 2005

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, CA 90012

Dear Supervisors:

REQUEST TO ACCEPT COMPROMISE OFFER OF SETTLEMENT (ALL SUPERVISORIAL DISTRICTS AFFECTED – 3 VOTES)

IT IS RECOMMENDED THAT YOUR BOARD:

Pursuant to Section 1473 of the Health and Safety Code, authorize acceptance of the compromise offers of settlement from the following individuals who were injured in a third party compensatory accident and who received medical care at a County facility:

Account Number 10826893 in amount of \$4,995
Account Number 10846660 in amount of \$4,673.33
Account Number 10895714 in amount of \$33,170
Account Number 10877468 in amount of \$5,500
Account Number 10946810 in amount of \$33,404.43

JUSTIFICATION:

The best interest of the County would be served by the approval of this recommendation and the County Counsel concurs.

IMPLEMENTATION OF STRATEGIC PLAN GOALS:

This action is consistent with the Countywide Strategic Plan Goal of Fiscal Responsibility in pursuing collection of charges owed for County services.

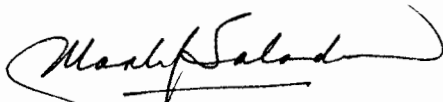
FISCAL IMPACT:

The County will recover partial payment from a third party against debts, otherwise uncollectible due to the limited financial resources of the individuals who received the medical care.

PURPOSE OF RECOMMENDED ACTION:

The compromise offers of settlement are recommended because the patients, estates, or legally responsible relatives are unable to pay the charges.

Respectfully submitted,



MARK J. SALADINO
Treasurer and Tax Collector

MJS:SFJ:efh
X:Comp.77

Attachments

c: Chief Administrative Officer
County Counsel

APPROVED
RAYMOND G. FORTNER, JR.
County Counsel

by 
Principal Deputy County Counsel

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 77A
DATE: September 29, 2005

Amount of Aid	\$40,992.00	Account Number	10826893
Amount Paid	.00	Name	Adult Male
Balance Due	40,992.00	Service Date	08/15/03 to 04/07/04
Compromise Amount Offered	4,995.00	Facility	LAC USC Medical Center
Amount to be Written Off	\$35,997.00	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in an automobile versus automobile accident. He was treated at LAC USC Medical Center at a cost of \$40,992.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$15,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 4,995.00	\$ 4,995.00	33.30%
Attorney Cost	15.00	15.00	.10%
County of Los Angeles	40,992.00	4,995.00	33.30%
Net to Client	N/A	4,995.00	33.30%
Total	\$46,002.00	\$15,000.00	100.00%

Our financial investigation reveals that the client is supported by Social Security benefits. He has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 77B
DATE: September 29, 2005

Amount of Aid	\$67,320.00	Account Number	10846660
Amount Paid	.00	Name	Adult Female
Balance Due	67,320.00	Service Date	11/08/02 to 03/26/03
Compromise Amount Offered	4,673.33	Facility	Harbor UCLA Medical Center
Amount to be Written Off	\$62,646.67	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in an automobile versus automobile accident. She was treated at Harbor UCLA Medical Center at a cost of \$67,320.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$15,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 4,673.33	\$ 4, 673.33	31.15%
Attorney Cost	980.00	980.00	6.55%
County of Los Angeles	67,320.00	4,673.33	31.15%
Net to Client	N/A	4,673.34	31.15%
Total	\$72,973.33	\$15,000.00	100.00%

Our financial investigation reveals that the client is employed with a marginal income. She has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 77C
DATE: September 29, 2005

Amount of Aid	\$143,588.00	Account Number	10895714
Amount Paid	.00	Name	Adult Male
Balance Due	143,588.00	Service Date	11/01/04 to 11/15/04
Compromise Amount Offered	33,170.00	Facility	Harbor UCLA Medical Center
Amount to be Written Off	\$110,418.00	Service Type	Inpatient

JUSTIFICATION

The client was involved in an automobile versus automobile accident. He was treated at Harbor UCLA Medical Center at a cost of \$143,588.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$100,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 33,333.33	\$ 33,170.00	33.17%
Attorney Costs	490.00	490.00	.49%
County of Los Angeles	143,588.00	33,170.00	33.17%
Net to Client	N/A	33,170.00	33.17%
Total	\$177,411.33	\$100,000.00	100.00%

Our financial investigation reveals that the client supports himself with a marginal income. He has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 77D
DATE: September 29, 2005

Amount of Aid	\$26,034.00	Account Number	10877468
Amount Paid	.00	Name	Adult Female
Balance Due	26,034.00	Service Date	05/07/04 to 05/09/04
Compromise Amount Offered	5,500.00	Facility	Harbor UCLA Medical Center
Amount to be Written Off	\$20,534.00	Service Type	Inpatient

JUSTIFICATION

The client was involved in an automobile versus automobile accident. She was treated at Harbor UCLA Medical Center at a cost of \$26,034.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$15,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 5,000.00	\$ 5,000.00	33.33%
Attorney Cost	500.00	500.00	3.33%
L A City Fire Department	643.75	386.25	2.58%
County of Los Angeles	26,034.00	5,500.00	36.66%
Net to Client	N/A	3,613.75	24.10%
Total	\$32,177.75	\$15,000.00	100.00%

Our financial investigation reveals that the client is self-employed and earns a marginal income. She has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
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TRANSMITTAL NO. 77E
DATE: September 29, 2005

Amount of Aid	\$218,694.00	Account Number	10946810
Amount Paid	.00	Name	Adult Female
Balance Due	218,694.00	Service Date	12/28/04 to 01/19/05
Compromise Amount Offered	33,404.43	Facility	LAC USC Medical Center
Amount to be Written Off	\$185,289.57	Service Type	Inpatient

JUSTIFICATION

The client was involved in an automobile versus automobile accident. She was treated at LAC USC Medical Center at a cost of \$218,694.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$100,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 33,511.67	\$ 33,511.67	33.51%
Attorney Cost	15.00	15.00	.02%
American Medical Response	687.75	107.24	.11%
County of Los Angeles	218,694.00	33,404.43	33.40%
Net to Client	N/A	32,961.66	32.96%
Total	\$252,908.42	\$ 100,000.00	100.00%

Our financial investigation reveals that the client is unemployed and receives support from friends. She has no other source of income or tangible assets.